AO 240 (Rev. 10/03) DELAWARE (Rev. 4/05)

UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

	Plaintiff V. Thomas Carroll, Warden, Defendant(s) DCC		APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT CASE NUMBER: 05-002-33F					
I. 2	dm	undFaBalley	_ declare that I am the (ch	neck appropriate box)				
••	Petition	ner/Plaintiff/Movant • • Other						
28 USC sought	C §1915, in the co	titled proceeding; that in support of my request of I declare that I am unable to pay the costs of omplaint/petition/motion.	these proceedings and tha					
1.		u currently incarcerated? Yes	No (If "No" go to Qu	nestion 2)				
	Inmate Are you	S" state the place of your incarceration Dela e Identification Number (Required): u employed at the institution? NO Do you reconstant the institution of your incarcerations	eeive any payment from th	e institution? NO				
2.	Are you currently employed? Yes No							
	a. b.	If the answer is "YES" state the amount of you and give the name and address of your employ. If the answer is "NO" state the date of your las salary or wages and pay period and the name a	ver. t employment, the amount	of your take-home				
3.	In the past 12 twelve months have you received any money from any of the following sources?							
	a. b. c. d. e. f.	Business, profession or other self-employment Rent payments, interest or dividends Pensions, annuities or life insurance payments Disability or workers compensation payments Gifts or inheritances See 6 months Status Any other sources	•• Yes •• Yes •• Yes •• Yes •• Yes	NoNoNoNoNoNo				

received AND what you expect you will continue to receive.

I DO MOT expect+ocontinue receiving it, But My Mother sends me some money at times, AS you Challens bull roctitution Trust Fund Account

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If "Yes" state the total amount \$

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

I declare under penalty of perjury that the above information is true and correct.

ely05,2006. Amen F. Bailer SATE SIGNATURE OF APPLICA

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AFFIDAVIT IN SUPPORT OF APPLICATION TO PROCEED IN FORMA PAUPERIS*

1, Edmund F. Bailey, being first duly sworn, depose and
say that I am the Petitioner in the above-captioned case; in support of my motion
to proceed without paying Court fees and costs, or give security therefore, state:
My date of birth is: Nov. 10, 1956.
My current address is: Delaware Correctional Center
1181 Paddock RD. Smyrna, De. 19977
Because of my financial situation, I am unable to pay the costs of this proceeding or give
security therefore. In support of that statement, I supply the following information:
1. Nature of claim or defense is: 6 Months Statement
2. Presently employed? Yes No
3. If Yes, state:
(a) Name and address of employer:
(b) How often paid:
(c) Take home pay per pay period:

^{*} All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed in forma pauperis.

- 4. If No, state:
 - (a) Name and address of last employer:
 - (b) Date of last employment:
- 5. State whether you have received any income (dividends, rent, savings interest, etc.),

gifts,)such as stocks, bonds or cash, from any source in the last twelve months.



- 6. If Yes, state: See 6 months Statement
 - (a) Amount of income or gift, or its value:
 - (b) When received: See 6 Months Statement
 - (c) From whom or what received: Family
 - (d) Whether regular or one time:
- 7. List all property owned, whether held in your name alone or jointly with anyone else:
 - (a) Real estate: NONE
 - (b) Personal property (stocks, bonds, bank accounts, vehicles):

MONE

^{*} All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed in forma pauperis.

(c) Name and address of and relationship to any joint owner, designating which property is jointly owned and name of joint owner:

NONE

- 8. If you have a spouse, state:
- NO
- (a) Amount of any income received:
- (b) Source
- (c) Frequency income is received:
- 9. If a prisoner, attach Department of Correction certified statement of your inmate account. The summary of your inmate account shall contain all account activity for the 6-month period immediately preceding the filing of the complaint, or for the entire time you have been incarcerated, whichever time is less.
 - 10. If a prisoner, provide the following requested information.
- (a) At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court of this State?

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(b) If the answer to (a) was yes, identify the court(s) and provide the civil action(s) or appeal number(s) for each case.

* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

(c) If the answer to (a) above was yes, state the outcome of each action or appeal.

11. If you are a prisoner and your complaint relates to a condition of confinement, you must have fully exhausted all administrative remedies available through the institutional grievance procedure. If you have not fully exhausted your administrative remedies, do not file the complaint in this matter or the motion to proceed in forma pauperis.

If this condition applies to you, state whether you have exhausted all administrative remedies.

If you have fully exhausted all administrative remedies, attach copies of all decisions in the administrative process.

- 12. If not listed above, state:
 - (a) Amount of any cash held (whether or not in a bank)

See Comonths Statement

(b) Bank accounts, listing bank, account number(s) and current balance(s).

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13. Itemize debts and regular monthly expenses:

MONE

^{*} All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed in forma pauperis.

14. List names and addresses of any dependents:

NONE

1, Emand F. Bailey, swear or affirm that the aboveinformation is true and correct and is made under penalty of perjury.

DATED: () cely 05, 2006.

I understand that if the Court directs that I pay certain fees and court costs but dismisses my complaint or claim, the Court keeps power over me until all costs and fees are paid.

SWORN TO AND SUBSCRIBED before me this ______ day of July ,2006.

Elecal Johnson

Revised 7.17.03

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